

City of Medina Police Department Lateral / Entry Level Police Officer Application

Name	Last	First	Middle
Address			
City/State/Zip			
Home Phone			
Driver's License #			

		Yes	No
Are you a citizen of the United States?			
Do you have a valid driver's license?	State of Issue		
Have you successfully completed a State of	ertified law enforcement academy?		
If yes, please specify State and date of completion			
Entry Level: Do you have at least two year	s college education (90 credit hours)?		
• • •	llege education (45 credit hours) and at least		
·	5 years full time law enforcement experience in		
lieu of college hours/credits?			
Are you First Aid and CPR certified? (Pleas	a list any additional mandated certificates)		
The your list Aid and Of It certified: (Fleas	e list arry additional mandated certificates)		
In the past 24 months, have you served as	a full-time commissioned law enforcement officer		
with a municipality, county, or state law enforcement agency? Please identify the agency			
below:	, , ,		
Are you able to perform all essential duties as a police officer?			

NOTE: If you are a LATERAL officer applicant and answered "no" to any of the above questions, you may not be qualified for Lateral Entry Police Officer status.

Have you served in the US Armed Forces?		
If yes, please specify dates of service and branch:		
Have you ever been convicted of any felony or gross misdemeanor violation?		
If yes, please describe:		

Please include your resume, beginning with your present or most recent employment, list your work experience for at least last ten years, including periods of self-employment & US military service.

IMPORTANT: You must provide proof of identity, a college transcript, proof of US citizenship, and proof of commission before testing. Please bring original documents and copies for department records.

I hereby certify that the application materials contain no willful misrepresentation or falsification, and that the information given is true and complete to the best of my knowledge. I am aware that if at any time a misrepresentation or falsification of any part of the application is discovered, my application may be rejected, my name may be removed from the eligibility list, or I may be dismissed from employment with the police department.

I authorize the City of Medina to contact my prior employers, educational institution, reference and/or any institution, organization or individual with whom I have been associated to give the City of Medina any pertinent information regarding my employability.

I hereby release, indemnity, and hold harmless the individual(s), company(s), institution(s), and organization(s), and all individuals therewith from all liability whatsoever incurred in giving such information; and I further release indemnify, and hold harmless the City of Medina, its employees, agents, and representatives from all liability whatsoever incurred in obtaining and/or using such information. I further waive my rights regarding disclosure of any communications provided in the course of the recruitment process. I understand that the City of Medina will retain complete control over all materials and communications, which are exempt from public inspection and copying pursuant to RCW Chapter 42.17.

Signature of Applicant	Date		

EQUAL OPPORTUNITY EMPLOYERInformation below will be detached prior to application review

It is the policy of the City of Medina to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified job applicants and employees without regard to race, creed, color, national origin, gender, age, marital status, physical, mental, sensory disabilities, or sexual orientation. To help us comply with government record keeping, reporting, and other legal requirements, please complete the data below. Providing this information is voluntary and will be kept confidential.

Would appreciate the completion of the accompanying EEOC information to assist us in our record keeping. Such information is voluntary and will be kept confidential. Please mark groups, which apply to you:

)	Male	() Female
)	African American	
)	Asian	
)	Hispanic	
)	Caucasian	
)	Native American (pr	oof of tribal affiliation required)
)))) Male) African American) Asian) Hispanic) Caucasian) Native American (pr